

WEST BENGAL STATE HEALTH & FAMILY WELFARE SAMITI

Registration No: S/IL/14448 of 2002-2003

Swasthya Bhawan, 'B' Wing, 3rd Floor, GN-29, Sector-V, Salt Lake, Kolkata-700091

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Memo No: SHFWS/HRCeII/ESTD-965/2018/ 771

(4)

Date: 15/03/2023


**ORDER**

In reference to the Recruitment Notice No. SHFWS/2022/254, Dated: 16/06/2022, the following candidates are hereby engaged for the position of **Audiometric Assistant** in **National Programme for Prevention and Control of Deafness (NPPCD)** under **National Health Mission (NHM)**. They will get a consolidated monthly remuneration of ₹18,000/- (Rupees Eighteen thousand) only. They will be posted in places as mentioned against their respective names in the column "Place of posting".

Sl.	Name	Guardian's name	DOB	Caste	Address	Place of posting
1	Sneha Anjani Das	Basanta Kumar Das	04-07-2001	UR	Betnoti, Mayurbhanj, Orissa, Pin-757025	Jhargram
2	Avijit Maity	Krishna Chandra Maity	01-04-1991	UR	B-47, Ramkrishna Upanibesh, Jadavpur, Regent Estate, Kolkata, West Bengal, Pin-700092	Diamond Harbour Health District
3	Prahlad Kumar	Bhikhari Saw	24-01-1991	UR	Chhotkibarhi, Rasoia, Dharna Barhi, Hazaribag, Jharkhand, Pin-825405	Dakshin Dinajpur
4	Prakash Sahis	Late. Lakshmikanta Sahis	10-07-1986	UR	Bishpuria, Hura, Purulia, West Bengal, Pin-723130	Bishnupur Health District

The above mentioned candidates are hereby engaged as per the terms and condition mentioned below:

- 1) The order of engagement will take effect from the date he/she joins the position.
- 2) The period of contract will automatically get terminated at the end of the current financial year and subsequently it will be renewed subject to Annual Performance Report of the employee, and subject to RoP approval.
- 3) The engagement in the said position is under NPPCD and shall be coterminous with NHM.
- 4) The service may also be terminated by one month's notice from either side.
- 5) If the incumbent proposes to give up his/her work without covering 01 (one) month's notice period, his / her remuneration will be deducted accordingly.
- 6) Payment of remuneration will be made from (Tally code: B.184.A.I).
- 7) The candidates are directed to report for joining for the position to the CMOH of their respective District / Health District (place of posting) as mentioned against their names with downloaded engagement order, photo ID & address proof of himself / herself and Medical Fitness Certificate (enclosed herewith) issued by the registered M.B.B.S. practitioners.
- 8) The candidates should **join within 15 days** from the date of issuance of this Order.
- 9) Any person failing to report to designated office within stipulated period, may not be allowed to join later and his/her engagement stands cancelled after that period.
- 10) As mentioned in addendum issued vide no. HFW-27011/137/2020/1611 dated 23/02/2021 point no. ii, "All new employees who have joined / will be joining between 29th December, 2020 to 30th September 2024 against new entry point remuneration as per memorandum vide no. HFW-27011/137/2020/1352 dated 29/12/2020, will not be entitled for annual increment for three consecutive financial years i.e., 2022-23, 2023-24 and 2024-25". Annual increment will be applicable for these new contractual employees from financial year 2025-26.
- 11) No T.A. / D.A. is admissible for joining.

  
Executive Director  
W.B.S.H. & F.W Samiti

Copy forwarded for information and necessary action to the:

- 1) DHS, Department of Health & Family Welfare, Govt. of West Bengal.
- 2) AMD, NHM, Department of Health & Family Welfare, Govt. of West Bengal.
- 3) Programme Officer-I, NHM & Deputy Secretary to the Govt. of WB, H & FW Deptt
- 4) Jt. DHS, NCD, Department of Health & Family Welfare, Govt. of West Bengal.
- 5) Sr. Regional Director, Govt. of India.
- 6) Head of the Deptt., Deptt. of ENT , IPGME&R & SSKM Hospital, Kolkata.
- 7) State Nodal Officer, NPPCD, Department of Health & Family Welfare, Govt. of West Bengal.
- 8-11) Chief Medical Officer of Health, Jhargram / Diamond Harbour Health District / Dakshin Dinajpur / Bishnupur Health District with a request to allow the candidates to join the position.
- 12) Sr. AO, NHM, Department of Health & Family Welfare, Govt. of West Bengal.
- 13-16) Dy. CMOH (incharge of HR),Jhargram / Diamond Harbour Health District / Dakshin Dinajpur / Bishnupur Health District.
- 17-20) Dy. CMOH-II & District Nodal Officer, NPPCD,Jhargram / Diamond Harbour Health District / Dakshin Dinajpur / Bishnupur Health District.
- 21-24) DPM, Jhargram / Diamond Harbour Health District / Dakshin Dinajpur / Bishnupur Health District.
- 25) System Coordinator,IT Cell,Swasthya Bhawan for web posting.
- 26-29) Sneha Anjani Das / Avijit Maity / Prahlad Kumar / Prakash Sahis is directed to join as per point no. 7 & 8 mentioned above.
- 30) State HR Cell, "Swasthya Sathi" Building, Swasthya Bhawan premises.
- 31) Office Copy.

**Executive Director  
W.B.S.H. & F.W Samiti**

Medical Certificate in case of appointment of candidates under  
West Bengal State Health & Family Welfare Samiti

Name of the Candidate in full (in block letters) :

Height (without shoe) : Cm.

Weight : Kg.

" I hereby certify that I have examined Sri / Smt. ....  
a candidate for employment in the West Bengal State Health & Family Welfare Samiti, and can't  
discover that Sri / Smt. .... has  
any disease, ( communicable or otherwise) constitutional weakness or bodily infirmity , except  
.....

I do not consider this a disqualification for employment in the office of State Samiti. Sri / Smt.  
.....'s age is, according to his own statement .....  
years, and by appearance about ..... years".

a. General Development : Good / Fair / Average / Poor

b. Vision : Right eye: Left eye:

i. Uncorrected / Naked eye :

ii. Corrected :

iii. Nature and degree :

c. Teeth : d. Hearing : e. Blood pressure:

f. Lung : g. Heart : h. Liver :

i. Spleen :

j. Hernia (present or absent) :

k. Hydroceles (present or absent) :

l. Urine i. Specific Gravity ii. Albumin iii. Sugar

m. Identification marks :

n. The Candidate is :

i. Fit :

ii. Unfit an account of :

iii. Temporarily unfit on account of :

Dated:

Signature of the Medical Practitioner

Name :

Degree :

Regn. No. :

(Seal)

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Signature of Candidate

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Attested